



CITY OF COLORADO SPRINGS  
FIRE BOARD OF APPEALS MEETING AGENDA  
PIKES PEAK REGIONAL BUILDING DEPARTMENT  
2880 INTERNATIONAL CIRCLE  
AUGUST 10, 2018 – 8:30 A.M. to 10:00 A.M.

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**CALL TO ORDER**

**ADMINISTRATIVE**

**1. Review of Previous Meeting's Minutes**

Fire Board of Appeals Meeting Minutes dated July 13, 2018

**2. Contractor Licensing**

**A. Fire Alarm Contractor (FAC) A**

- i. Business Name: Convergent Technologies LLC  
Principal Officers: CJ Dalton, General Manager  
Mike Ziegler, Operations Manager  
Licensee: Robert Allan Cull  
RME: Robert Allan Cull
- ii. Business Name: Rocky Mountain Security Services, Inc.  
DBA Integrated Systems  
Principal Officers: Chris Heath, Chief Executive Officer  
Frank Lawrence, CTO  
Licensee: Ken L. Buffington  
RME: Ken L. Buffington
- iii. Business Name: Tech Electronics Company  
Owner: Gary Smith  
Licensee: Wayne A. Lien  
RME: Wayne A. Lien

**B. Fire Alarm Contractor (FAC) B**

- i. Business Name: JDE Fire & Security, LLC  
Members: Joe Massa  
Ronda Massa  
Licensee: Joseph Massa  
RME: Joseph Massa

**ADJOURN**

Respectfully submitted,

  
Bret T. Lacey, Fire Marshal  
Secretary to Fire Board of Appeals

SE 1-31-2018 20200 sent



## FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: CONVERGINT TECHNOLOGIES

PRINCIPAL: CJ DALTON

LICENSE HOLDER: ROBERT CULL

RME: ROBERT CULL

RECOMMEND:

☒ APPROVAL ☐ DISAPPROVAL

DATE 7/31/18

LICENSE APPLYING FOR:

FSC-A FSC-B FSC-C FSC-D FSC-H FSC-M FAC-A FAC-B  
FAI FSI FSI-L FST-B FST-C FST-D FHT

PPRBD INFORMATION	NAME	DATE
RECEIVED BY PPRBD	SABRINA	7/31/2018
CRIMINAL BACKGROUND CHECK	SABRINA	7/31/2018
SENT TO FIRE	SABRINA	7/31/2018

DEPARTMENT	NAME	DATE
CSFD	Chip Taylor	7/31/18
CSFD-154M 4M Lacey	K Snow	7/31/18

COMMENTS:

Replacement FAC-A # 20200

Replacement of RME and license holder requiring re-approval  
by the Fire Board of Appeals.

### PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: [Licensing@pprbd.org](mailto:Licensing@pprbd.org)

### FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: [Fireconstructionservices@springsgov.com](mailto:Fireconstructionservices@springsgov.com)

### **Fire Suppression Contractor – A**

- ☐ RME w/ Current NICET Level III or IV certificate in sprinkler layout/design or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

### **Fire Suppression Contractor – B**

- ☐ Letter of commitment stating minimum equipment requirements are met for portable/fixed systems.
- ☐ D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
- ☐ Documentation showing the RME qualifications and at least 3 years applicable work experience
- ☐ Certification from at least one manufacturer of special hazard systems that the applicant markets.
- ☐ Certificate of Liability and Workers' Compensation insurance.

### **Fire Suppression Contractor/Dealer – C**

- ☐ Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers.
- ☐ D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
- ☐ Documentation showing the RME qualifications and at least 2 years applicable work experience
- ☐ Certificate of Liability and Workers' Compensation insurance.

### **Commercial, Industrial, or Institutional Non-Contractor/Dealer – D**

- ☐ Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers.
- ☐ Documentation showing the RME qualifications and at least 2 years applicable work experience
- ☐ Certificate of Liability and Workers' Compensation insurance.

### **Fire Suppression Contractor – M**

- ☐ RME w/ Current and Valid Colorado State Master Plumber's license w/ minimum 3 years' experience.
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

### **Fire Suppression Contractor – H**

- ☐ Letter of commitment stating minimum equipment requirements are met for servicing and maintaining hydrants.
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation showing the Responsible Managing Employee (RME) qualifications for service and repair of fire hydrants.

### **Fire Alarm Contractors – A**

- ☒ RME w/ Current NICET Level III or IV certificate in Fire Alarm Systems or a Colorado Registered PE
- ☒ Certificate of Liability and Workers' Compensation insurance.
- ☒ Documentation of minimum 5 years work experience.

### **Fire Alarm Contractors – B**

- ☐ RME w/ Current NICET Level II or higher in Fire Alarm Systems or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

#### Suppression Installer

- ☐ Satisfactory completion of the ASCR2 exam every 3 years.
- ☐ Minimum of 2 years work experience in fire sprinklers/standpipes.

#### Suppression Installer Limited

- ☐ Satisfactory completion of the ASD2 exam every 3 years.
- ☐ Minimum of two years' work experience in single-family multipurpose fire sprinkler systems.
- ☐ State of Colorado Plumber license

#### Service Technician - B

- ☐ Satisfactory completion of the FEX and CKH2 OR KHFE2 exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate)

#### Service Technician – C

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

#### Service Technician - D

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

#### Fire Hydrant Technician

- ☐ Satisfactory completion of the CTFH2 exam every 3 years.
- ☐ Minimum 2 years' experience.

#### Fire Alarm On-Site Installer

- ☐ Current and valid NICET Level II or higher certificate OR satisfactory completion of FA2 exam every 3 years
- ☐ Documentation of minimum 2 years' experience.



**Project History (List projects in which this company worked as the contractor)**

1. Project Street Address: 16840 Northgate Dr. Parker, CO 80134- Public Storage

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$76,333 Date: 3/28/18 Your position: Sales Executive

Describe Job in detail: 5 story Storage Facility with notification throughout Elevator Recall, Sprinkler Monitoring and rescue assistance phones placed at all elevator landings

2. Project Street Address: 1707/ 1777 Chestnut Place Denver, CO 80202

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$87,241 Date: 9/1/16 Your position: Sales Executive

Describe Job in detail: 14 story high rise residential Commercial building with voice notification, fire alarm, fire control system, Panel 41 Graphic maps Smoke Control Panels, Rescue phones placed at all levels including every 5 stairwell door

3. Project Street Address: 3501 Wazee St. Denver, CO 80216

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$40,856 Date: 1/13/17 Your position: Sales Executive

Describe Job in detail: 4 Story Core & Shell Building with multiple business TI units on all floors, Sprinkler monitoring, Rescue assistance phones in all elevator lobbies, and point to directory for initiation

4. Project Street Address: 6175 S. Willow Street Greenwood Village, CO 80111

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$103,413 Date: 4/29/16 Your position: Sales Executive

Describe Job in detail: 11 story Commercial Business office building with multiple wireless FAS Smoke Control system with FACP and point to graphic map for evacuation services, Rescue phones on all elevator lobby's including every 5th floor in each stairwell

5. Project Street Address: 7051 Eagle Blvd. Frederick, CO 80604

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$84,855 Date: 1/19/17 Your position: Sales Executive

Describe Job in detail: 3 story Low-rise municipal manufacturing facility, Sprinkler monitoring and full notification throughout entire facility, 16 separate areas that were Class 1 Clean room needing explosion proof devices as well as a Flame Retardant paint

**CERTIFICATION** (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) Mike Ziegler

Signature: Mike Ziegler

Date: 7/16/18

# Responsible Managing Employee (RME) Information

Legal Name: Cull Robert Allan  
Last First M.I.  
 Date of Birth: 06/04/1968 Social Security Number: [REDACTED]  
 Address: 5573 S Jasper Way  
Street Address Apartment/Unit #  
Centennial Colorado 80015  
City State ZIP Code  
 Phone: 303-525-6874 Fax: 303-932-1333 Email: robert.cull@convergint.com

- What is your area of expertise in the industry? Fire Alarm Installation and Estimating
- How long have you worked in the industry? 13 years
- What is your affiliation with the company? (Owner, partner, employee, etc.) Fire Alarm Sales Executive
- Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_
- Have you had a license suspended or revoked? ☒ Yes ☐ No If yes, Explain Failure to produce insurance documentation
- I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☐ Yes ☐ No

## Certifications

NICET #	NICET Level	Expires
120357	3	08/01/19
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires
94-087-1579	05/28/2014	06/04/2019

## Work History

Company	Position	To	From
LEI Companies	Fire Alarm Project Manager	05/15	06/09
Weifield Group	Fire Alarm Project Manager	07/16	05/15
Convergint Technologies	Sales Executive	Present	08/16

**CERTIFICATION** (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Robert A Cull - Account Executive  
 Signature of (RME): [Signature] Date: 7/16/18



**Licensee Information**

Legal Name: Cull Robert Allan  
Last First M.I.

Date of Birth: 06/04/1968 Social Security Number: [REDACTED]

Address: 5573 S. Jasper Way  
Street Address Apartment/Unit #

Centennial Colorado 80015  
City State ZIP Code

Phone: 303-525-6874 Fax: 303-932-1333 Email: rob.cull@convergint.com

- What is your area of expertise in the industry? Fire Alarm Installation and Estimating
- How long have you worked in the industry? 13 years
- What is your affiliation with the company? (Owner, partner, employee, etc.) Fire Alarm Sales Executive
- Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_
- Have you had a license suspended or revoked? ☒ Yes ☐ No If yes, Explain Failure to produce insurance documentation
- The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

**Certifications**

NICET #	NICET Level	Expires
120357	3	08/01/19
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires
94-087-1579	05/28/2014	06/04/2019

**Work History**

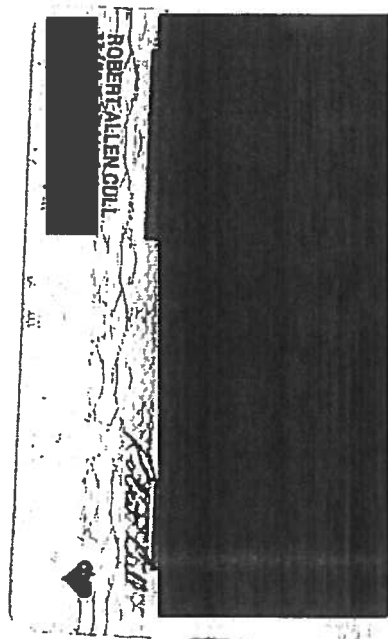
Company	Position	To	From
LEI Companies	Fire Alarm Project Manager	05/15	06/19
Weifield Group	Fire Alarm Project Manager	07/16	05/15
Convergint Technologies	Sales Executive	Present	08/16

**CERTIFICATION** (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Robert A Cull - Account Executive

Signature of (Licensee): [Signature] Date: 7/16/18







**NATIONAL INSTITUTE FOR CERTIFICATION  
IN ENGINEERING TECHNOLOGIES®**

*Providing Certification Programs Since 1961*



Approval Letter

Name: **Robert A Cull**  
Date of Award: **August 5, 2016**  
Certification Number: **120357**  
Certification Expire Date: **08/01/2019**

It is my pleasure to inform you that recertification has been granted as follows:

**FIRE PROTECTION ENGINEERING TECHNOLOGY/FIRE ALARM SYSTEMS/LEVEL III**

You will find your new wallet card attached to the bottom of this letter. Also enclosed with this letter is your new certificate. Your new three-year period of certification is printed on both your wallet card and your certificate. You will need to accumulate another 90 continuing professional development points to continue your certification beyond this new expiration date.

Prior to removing the wallet card from this letter, we advise that you make a copy of the letter for your files as the complete letter may be required as proof of certification.

The interest you have shown in your career development by obtaining professional recognition and status through certification is most commendable. On behalf of the Board of Governors, please accept our congratulations and best wishes.

Very truly yours,

**Michael A. Clark**  
Chief Operating Executive

remove card slowly



**NATIONAL INSTITUTE FOR CERTIFICATION  
IN ENGINEERING TECHNOLOGIES®**

**Robert A Cull**

**FIRE ALARM SYSTEMS/III**

**Robert A Cull**  
**5573 S. Jasper Way**  
**centennial, CO 80015**

CERT NO. 120357 VALID THRU 08/01/2019



Convergent Technologies LLC  
7330 S. Alton Way  
Suite 12K  
Centennial, CO 80112  
Telephone: (303) 932-0757  
Fax: (303) 932-1333  
[www.convergent.com](http://www.convergent.com)

**DATE:** July 12, 2018

**TO:** Pikes Peak Regional Building Department  
**SUBJECT:** Fire Alarm Contractor A/ RME Certification  
**FROM:** Mike Ziegler- Operations Manager

To whom it may concern,

I Mike Ziegler, Operations Manager confirm that the RME/ Fire Alarm Contractor licensee Robert Cull is an exclusive full-time employee of Convergent Technologies.

A handwritten signature in black ink that reads "Mike Ziegler". The signature is written in a cursive, flowing style.

**Mike Ziegler**  
**Operations Manager**

City and County of Denver  
Community Planning and Development  
[www.denvergov.org/contractor\\_licensing](http://www.denvergov.org/contractor_licensing)

License/Registration Number: LIC239211  
Expiration Date: 02/28/2021  
License Type: Access Control System

Issued To:

By Authority of the Executive Director of  
Community Planning and Development

CONVERGINT TECHNOLOGIES LLC  
7330 S ALTON WAY  
CENTENNIAL, CO 80112

Amount	Fund/Org/Revenue Code	Payment Date	Trans #	Status
5250.00	R352900-7-01010-3141200	01/23/2018	3997414	Paid

#### RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on file.  
Renewal information is available at [www.denvergov.org/Contractor\\_Licensing](http://www.denvergov.org/Contractor_Licensing).

#### INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Please provide the following information when you call for an inspection:


- ✓ Permit number
- ✓ Type of inspection and inspection code

Automated Inspection Request System: 720-865-2501

Inspections are performed Monday through Friday.

**Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.**

Cut on outside of line, then fold in half.

<p>City and County of Denver</p> <p><b>IDENTIFICATION CARD</b></p> <p>License/Registration No.: LIC239211</p> <p>This is to certify that CONVERGINT TECHNOLOGIES LLC has been issued a Access Control System license in the City and County of Denver, beginning on 23 January 2018 and ending on 28 Feb 2021, unless license is revoked.</p> <p><u>By Authority of the Executive Director of Community Planning and Development</u></p>	<p>City and County of Denver Community Planning and Development 201 W COLFAX AVE DEPT 205 DENVER, COLORADO 80202</p> <p> <b>DENVER</b> THE BIG MILE CITY</p> <table><tr><td>Licenses &amp; Certificates:</td><td>720.865.2770</td></tr><tr><td>Permit Counter:</td><td>720.865.2705</td></tr><tr><td>Inspection Administration:</td><td>720.865.2505</td></tr><tr><td>Automated Inspection Request:</td><td>720.865.2501</td></tr></table>	Licenses & Certificates:	720.865.2770	Permit Counter:	720.865.2705	Inspection Administration:	720.865.2505	Automated Inspection Request:	720.865.2501
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Permit Counter:	720.865.2705								
Inspection Administration:	720.865.2505								
Automated Inspection Request:	720.865.2501								



## CONTRACTOR'S LICENSE

City of Thornton  
9500 Civic Center Drive  
Thornton, CO 80229  
303-538-7250

Contractor Number: LCC201700131

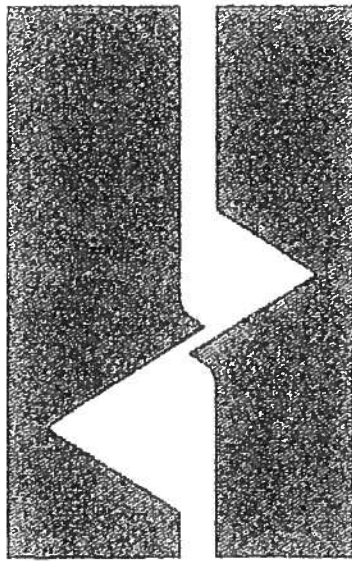
This is to certify that: Convergent Technologies LLC  
7330 S Alton Way, Ste. 12K  
Centennial, CO 80112

Has been issued the following license(s):

<u>Issuance Type</u>	<u>License Number</u>	<u>Date Issued</u>	<u>Expiration Date</u>
Class D Fire Systems	FIR201700269	04/19/2017	04/19/2018
Class D Fire Systems	FIR201800554	04/19/2018	04/19/2019

  
\_\_\_\_\_  
Chief Building Official

\_\_\_\_\_  
Signature of Licensee

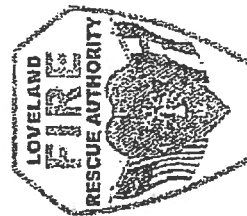


# CITY OF LOVELAND

## Community Safety Division

No. 6715

This certifies that Robert A. Cull (Convergint Technologies) has met the required qualifications to be licensed as a/an S-4 Fire Alarm Contractor in the City of Loveland, Colorado.



Date Issued 12/11/17

Expiration Date 12/11/19

Fire Official [Signature]

City and County of Denver  
Community Planning and Development  
[www.denvergov.org/contractor\\_licensing](http://www.denvergov.org/contractor_licensing)

License/Registration Number: LIC242790  
Expiration Date: 02/28/2021  
License Type: Electrical Signal

Issued To:

By Authority of the Executive Director of  
Community Planning and Development

CONVERGINT TECHNOLOGIES  
7330 S ALTON WAY  
CENTENNIAL, CO 80112

Amount	Fund/Org/Revenue Code	Payment Date	Trans #	Status
\$250.00	R352500-01010-0141200	01/23/2018	3307400	Paid

**RENEWAL INFORMATION**

Renewal notices will be e-mailed to e-mail address on file.  
Renewal information is available at [www.denvergov.org/Contractor\\_Licensing](http://www.denvergov.org/Contractor_Licensing).

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- ✓ Permit number
- ✓ Type of inspection and inspection code

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Inspections are performed Monday through Friday.

**Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.**

\*Cut on outside of line, then fold in half.

City and County of Denver <b>IDENTIFICATION CARD</b>	City and County of Denver Community Planning and Development 201 W COLFAX AVE DEPT 205 DENVER, COLORADO 80202
License/Registration No.: LIC242790	
This is to certify that CONVERGINT TECHNOLOGIES has been issued a Electrical Signal license in the City and County of Denver, beginning on 23 January 2018 and ending on 28 Feb 2021, unless license is revoked.	<b>DENVER</b> THE MILE HIGH CITY
<u>By Authority of the Executive Director of Community Planning and Development</u>	Licenses & Certificates: 720.865.2770 Permit Counter: 720.865.2705 Inspection Administration: 720.865.2505 Automated Inspection Request: 720.865.2501

LIC. 100 (4/100) CPDA

LIC. 100 (4/100) CPDA - 2/27/15



### Personnel

## Robert Cull

*Account Executive*

#### *Profile:*

Rob has spent over fifteen years in the fire alarm industry specializing in large scale installations including high rise, colleges, hotels, hospitals etc. Rob has a proven ability to manage all major segments of projects a solid history of working effectively with and for industry leaders. He has an ability to identify strengths and build successful teams and is an excellent communicator, skillful in teambuilding and negotiating. Rob has a strong corporate reputation in the industry with solid client relations.

#### *Project Experience & Highlights:*

- Denver Regional Diagnostic Center, Colorado Department of Corrections-Fire Alarm System
- Embassy Suites, Stout Street-Fire Alarm System-Building Automation System
- Bio-refinery Research Facility, National Renewable Energy Laboratory-Fire Alarm System
- Warren Tech High School, Jefferson County School District-Fire Alarm System
- Hotel and Hospitality Learning Center, Auraria Higher Education Center-Electrical-Fire Alarm System
- Compressed Natural Gas Station and Retrofit, Roaring Fork Transit Authority-Electrical-Fire Alarm System
- Denver Union Station-Fire Alarm System
- Johnson Controls Infrastructure Upgrade, National Institute of Science and Technology-Building Automation System
- Building #330, Fort Carson-Fire Alarm System

#### *Education and Training:*

- AAS Construction Electrician
- Master Electrician
- Nicet Level III
- OSHA 30
- ABC Leadership Training
- Student Teacher-Fire Alarm Fundamentals
- Accubid Training
- Microsoft Project Training
- EST 3 Training and Certificate



Workers Compensation Coverage Verification

[Back To Results](#)

CONVERGINT TECHNOLOGIES LLC

Insurance Coverage Provider  
XL SPECIALTY INS CO

Policy Number  
CWG740002207

Coverage Date  
7/12/18

Employer Locations

[Map](#)  
Showing 3 Employer(s)

Convergent Technologies Holdings Llc  
7330 S Alton Way  
Centennial, CO 80112-2318

Convergent Technologies Llc  
7330 S Alton Way  
Centennial, CO 80112-2318

Gopher Tech Group L P

No Specific Address (Record Type) Submitted

[Map](#)

[Map](#)

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that,  
according to the records of this office,

CONVERGINT TECHNOLOGIES LLC

is an entity formed or registered under the law of Delaware, has complied with all  
applicable requirements of this office, and is in good standing with this office. This entity has  
been assigned entity identification number 20031003099.

This certificate reflects facts established or disclosed by documents delivered to this office on  
paper through 07/09/2018 that have been posted, and by documents delivered to this office  
electronically through 07/12/2018 @ 14:02:09.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this  
official certificate at Denver, Colorado on 07/12/2018 @ 14:02:09 in accordance with applicable law.  
This certificate is assigned Confirmation Number 11003072.



Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)  
07/11/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Willis of Illinois, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): 1-877-945-7378 <b>FAX</b> (A/C, No): 1-888-467-2378 <b>E-MAIL</b> ADDRESS: certificates@willis.com
<b>INSURED</b> Convergent Technologies LLC #350 Location #350 One Commerce Drive Schaumburg, IL 60173	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> XL Insurance America Inc <b>INSURER B:</b> Navigators Insurance Company <b>INSURER C:</b> XL Specialty Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES**

CERTIFICATE NUMBER: W6885411

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CGS740905406	03/01/2018	03/01/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER						PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY			CAH740002407	03/01/2018	03/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
B	UMBRELLA LIAB			CH18EXC704521IV	03/01/2018	03/01/2019	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 4,000,000
	DED RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			CWG740002207	03/01/2018	03/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	No	N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: For all work conducted on half of Pikes Peak Regional Building Department.

**CERTIFICATE HOLDER****CANCELLATION**

Peak Regional Building Department 2880 International Circle Colorado Springs, CO 80910	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Andrea Paris</i>
--	--

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# PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle  
Colorado Springs, Colorado 80910  
Website: <http://www.pprbd.org>

7/31/2018 9:52:38 AM  
(ROSE)  
Receipt #: 1522519

## Invoice

Customer: Robert Cull

### Transaction Summary

Account	Description	Reference	Amount
1301-40036	CONTRACTOR FEES APPLICATION	AppFee	\$50.00
1301-40112	CONVENIENCE FEE WESTERN UNION SPEEDPAY (TELEPHONE) FEE		\$3.50

Total Due: \$53.50

### Payment Summary

Account	Description	Reference	Amount
9801-55700	COLLECTION, VISA/Master-Card	630631	\$53.50

Total Tendered: \$53.50

Comment: APPLICATION

I agree to pay above total amount according to card issuer agreement.



## FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: ROCKY MOUNTAIN SECURITY SERVICES

PRINCIPAL: CHRIS HEATH

LICENSE HOLDER: KEN BUFFINGTON

RME: KENBUFFINGTON

RECOMMEND:

☒ APPROVAL ☐ DISAPPROVAL

DATE 7/10/18

LICENSE APPLYING FOR:

FSC-A FSC-B FSC-C FSC-D FSC-H FSC-M FAC-A FAC-B  
FAI FSI FSI-L FST-B FST-C FST-D FHT

PPRBD INFORMATION	NAME	DATE
RECEIVED BY PPRBD	SABRINA	7/2/2018
CRIMINAL BACKGROUND CHECK	SABRINA	7/2/2018
SENT TO FIRE	SABRINA	7/2/2018

DEPARTMENT	NAME	DATE
CSFD	Chip Taylor	7/10/18
CSFD - DTM 7M Lacey	Kathia Snow	07/10/2018

COMMENTS:

NEW LICENSE HOLDER #19234

### PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: [Licensing@pprbd.org](mailto:Licensing@pprbd.org)

### FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: [Fireconstructionservices@springsgov.com](mailto:Fireconstructionservices@springsgov.com)

### **Fire Suppression Contractor – A**

- ☐ RME w/ Current NICET Level III or IV certificate in sprinkler layout/design or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

### **Fire Suppression Contractor – B**

- ☐ Letter of commitment stating minimum equipment requirements are met for portable/fixed systems.
- ☐ D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
- ☐ Documentation showing the RME qualifications and at least 3 years applicable work experience
- ☐ Certification from at least one manufacturer of special hazard systems that the applicant markets.
- ☐ Certificate of Liability and Workers' Compensation insurance.

### **Fire Suppression Contractor/Dealer – C**

- ☐ Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers.
- ☐ D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
- ☐ Documentation showing the RME qualifications and at least 2 years applicable work experience
- ☐ Certificate of Liability and Workers' Compensation insurance.

### **Commercial, Industrial, or Institutional Non-Contractor/Dealer – D**

- ☐ Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers.
- ☐ Documentation showing the RME qualifications and at least 2 years applicable work experience
- ☐ Certificate of Liability and Workers' Compensation insurance.

### **Fire Suppression Contractor – M**

- ☐ RME w/ Current and Valid Colorado State Master Plumber's license w/ minimum 3 years' experience.
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

### **Fire Suppression Contractor – H**

- ☐ Letter of commitment stating minimum equipment requirements are met for servicing and maintaining hydrants.
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation showing the Responsible Managing Employee (RME) qualifications for service and repair of fire hydrants.

### **Fire Alarm Contractors – A**

- ☒ RME w/ Current NICET Level III or IV certificate in Fire Alarm Systems or a Colorado Registered PE
- ☒ Certificate of Liability and Workers' Compensation insurance.
- ☒ Documentation of minimum 5 years work experience.

### **Fire Alarm Contractors – B**

- ☐ RME w/ Current NICET Level II or higher in Fire Alarm Systems or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.



#### Suppression Installer

- ☐ Satisfactory completion of the ASCR2 exam every 3 years.
- ☐ Minimum of 2 years work experience in fire sprinklers/standpipes.

#### Suppression Installer Limited

- ☐ Satisfactory completion of the ASD2 exam every 3 years.
- ☐ Minimum of two years' work experience in single-family multipurpose fire sprinkler systems.
- ☐ State of Colorado Plumber license

#### Service Technician - B

- ☐ Satisfactory completion of the FEX and CKH2 OR KHFE2 exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate)

#### Service Technician – C

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

#### Service Technician - D

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

#### Fire Hydrant Technician

- ☐ Satisfactory completion of the CTFH2 exam every 3 years.
- ☐ Minimum 2 years' experience.

#### Fire Alarm On-Site Installer

- ☐ Current and valid NICET Level II or higher certificate OR satisfactory completion of FA2 exam every 3 years
- ☐ Documentation of minimum 2 years' experience.

# PIKES PEAK REGIONAL BUILDING DEPARTMENT

## Fire Alarm Contractor License Application

Receipt #

1512218

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the stated license in compliance with the Pikes Peak Regional Building Code.

### FIRE ALARM LICENSE REQUESTED (circle one)



### COMPANY INFORMATION

Type of company (circle one) Individual Partnership Corporation LLC

NAME OF COMPANY Rocky Mtn. Security Services

Mailing address 2171 S. Grape St City Denver State CO Zip 80222

E-mail address allcounting@rssi.com Phone (303) 698-2698

Fax (303) 698-2064

### COMPANY'S PRINCIPAL OFFICERS, PARTNERS OR OWNERS

Name Tim Stanley Title Partner

Name Chris Heath Title CEO

### APPLICANT'S AFFILIATION WITH THE COMPANY (License Holder)

Full Name Ken Buffington SSN 261-95-2900 Date of Birth 11-7-64

Address 10823 QUAIL RIDGE DR City PARKER State CO Zip 80138

Phone 970-471-0040 E-mail KENBUFF1@GMAIL.COM

### LIST YOUR 3 MOST RECENT POSITIONS AS EMPLOYEE/SUPERVISOR

Dates	Company	Address	Position
1. <u>2015-PRESENT</u>	<u>INTEGRATED SYSTEMS</u>	<u>2171 S. GRAPE ST.</u>	<u>TECHNICAL DIRECTOR</u>
2. <u>2009-2015</u>	<u>APEX SECURITY</u>	<u>1429 GRAND AVE.</u>	<u>TECH. DIRECTOR</u>
3. <u>2005-2009</u>	<u>COMMERCIAL SPECIALISTS</u>	<u>210 MARMOT LN.</u>	<u>PROJECT MANAGER</u>

### RME (Responsible Managing Employee)

Name KEN BUFFINGTON SSN 261-95-2900

Address 10823 QUAIL RIDGE DR. City PARKER State CO Zip 80138

Phone 970-471-0040 E-mail KENBUFF1@GMAIL.COM

NICET Certificate # 113575 NICET Level IV

Professional Engineer Licensed by state of Colorado # N/A Date 6/28/2018

## Fire Alarm Contractor License Application

## LICENSES HELD BY THIS COMPANY (Attach copies of licenses)

Jurisdiction — License type and number

Jurisdiction — License type and number

List work project in which this company worked as the contractor:

Location (Specific)

Type (Res. or Comm.)

Estimated Project Cost

Date

How long has this firm operated as a contractor? 40 yrs (If less than a year, write "new")Type of work primarily? Residential \_\_\_\_\_ Commercial XHave you ever been convicted of a felony? No If so, explain \_\_\_\_\_Has this company ever defaulted on a contract? No If so, explain \_\_\_\_\_Has a mechanic's lien judgement ever been filed against property on which the firm was the contractor? No

If so, explain \_\_\_\_\_

Has this company been a defendant in a collection action court case? No If so, explain \_\_\_\_\_Have you or the company ever declared bankruptcy? No if so, explain \_\_\_\_\_

## CERTIFICATION

The undersigned individual, partnership or corporation, does hereby declare and warrant that the above named owner, principal or manager for a contractor's license has the express authority to bind this company, partnership or corporation by his application herein; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs and the county of El Paso, and adopted by other municipal entities within El Paso County in regards to any work which may be done by this firm pursuant to the applied contractor's license.

Signature \_\_\_\_\_

Date

6-28-18

Print Name and title (owner, principal or manager)

CHRIS HEATH, CEO

I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. Pikes Peak Regional Building Department requires all persons seeking a license to undergo a **CRIMINAL BACKGROUND CHECK**. By filing this application with Pikes Peak Regional Building Department you understand and agree that Pikes Peak Regional Building Department will undertake a **CRIMINAL BACKGROUND CHECK**. Some of the information I am providing in this application will be used to check my **CRIMINAL BACKGROUND**. I understand that Pikes Peak Regional Building Department may deny me a license after reviewing my **CRIMINAL BACKGROUND**. I hereby authorize Pikes Peak Regional Building Department to perform a **CRIMINAL BACKGROUND** check. I further agree and understand that if any information provided by me on this application is untrue, that any license granted to me by Pikes Peak Regional Building Department on behalf of the Colorado Springs Fire Department is automatically revoked.

Signature \_\_\_\_\_

Date

6/28/2018

Print Name and title (RME)

KEN BUFFINGTONTECHNICAL DIRECTOR

Signature \_\_\_\_\_

Date

11/22/17

Print Name and title (Licensee)

KEN BUFFINGTONTECHNICAL DIRECTOR

COLORADO

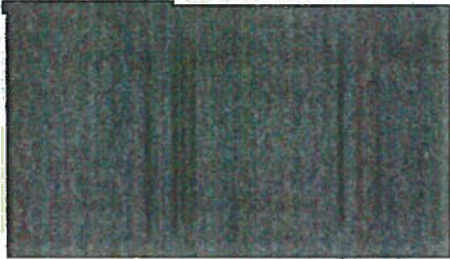
USA

DL



DRIVER LICENSE

1 BUFFINGTON  
2 KENNETH LOUIS





# NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

*Providing Certification Programs Since 1961*

BE IT KNOWN THAT

**Kenneth L. Buffington**

IS HEREBY AWARDED CERTIFICATION AT

LEVEL IV

IN FIRE PROTECTION ENGINEERING TECHNOLOGY  
FIRE ALARM SYSTEMS

**BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,  
EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.**

Certification Valid through May 1, 2020

CERTIFICATION NUMBER 113575

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS

**PIKES PEAK REGIONAL BUILDING DEPARTMENT**  
**Contractor -- ROCKY MOUNTAIN SECURITY SERVICES ( 19234 )**

**Status: ACTIVE**

**Type of Business: Corporation**

**In Business Since: 22-Jul-2010**

**DBA INTEGRATED SYSTEMS**

11595 MONROE ST  
THORTON, CO 80233

Phone: (303) 698-2698

Fax: (303) 698-2064

Officer #1: HOWELL, TIM - CEO

Officer #2: LAWRENCE, FRANK - TREASURER

**LICENSES**

Last Name	First Name	D	T	Cat	Subcat	Phone	Expires	Renewed
TOON .	CURTIS	F	A			(303) 450-2250	07/31/2016	07/31/2015

**OBLIGATIONS**

T	Agency	Reference #	Expires
L - Liability	PHILADELPHIA INSURANCE CO	PHPK1677225	07/01/2018
N - Nicet	NICET (ALARM)	107227 TOON	02/01/2018
W - Workers Comp.	INDEMNITY INSURANCE COMPANY OF NORTH AMERICA	WLR_C65440696	07/01/2019





# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 6/19/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Commercial Lines - (305) 443-4886 USI Insurance Services National, Inc. 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133	<b>CONTACT NAME:</b> Risk Management Department <b>PHONE (A/C, No, Ext):</b> 866-443-8489 <b>FAX (A/C, No):</b> 800-889-0021 <b>E-MAIL ADDRESS:</b> work.comp@trinet.com														
<b>INSURED</b> TriNet HR III-A, Inc. RE: Rocky Mountain Security Services, Inc. dba Integrated Systems 9000 Town Center Parkway Bradenton, FL 34202	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Indemnity Insurance Company of North America</td> <td>43575</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Indemnity Insurance Company of North America	43575	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Indemnity Insurance Company of North America	43575														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES** **CERTIFICATE NUMBER:** 13176079 **REVISION NUMBER:** See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WLR_C65440696	7/1/2018	7/1/2019	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Workers Compensation is limited to worksite employees of Rocky Mountain Security Services, Inc. through a co-employment contract with TriNet HR III-A, Inc.

**CERTIFICATE HOLDER**
**CANCELLATION**

Pikes Peak Regional Building Dept 2880 International Circle Colorado Springs CO 80910	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/28/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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<b>PRODUCER</b> Berrian Insurance Group, Inc. 10375 Park Meadows Drive Suite 220 Littleton CO 80124	<b>CONTACT NAME:</b> Brian Zilverberg	
	<b>PHONE (A/C No. Ext):</b> (303) 795-5831	<b>FAX (A/C No.):</b> (303) 795-5833
<b>INSURED</b> Rocky Mountain Security Systems, Inc. dba Integrated Systems 2171 S Grape St. Denver CO 80222	<b>E-MAIL ADDRESS:</b> bzilverberg@big-ins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Philadelphia Indemnity Insurance	
	<b>INSURER B:</b> Technology Insurance Company	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> 2018-2019	<b>REVISION NUMBER:</b>
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PHPK1843671	7/1/2018	7/1/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input checked="" type="checkbox"/> Errors & Omissions						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b>			TFF122055502	7/1/2018	7/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			PHUB636304	7/1/2018	7/1/2019	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 2,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	Crime			PHSD1347749	7/1/2018	7/1/2019	Loss of Clients Property 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance.

<b>CERTIFICATE HOLDER</b> Pikes Peak Regional Building Dept. 2880 International Circle Colorado Springs, CO 80910	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE J Berrian-Exec/BRIAN <i>Joel Berrian</i>
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**PIKES PEAK REGIONAL BUILDING DEPARTMENT**

2880 International Circle  
Colorado Springs, Colorado 80910  
Website: <http://www.pprbd.org>

6/29/2018 2:43:56 PM  
(SABRINA)  
Receipt #: 1512218

**Invoice**

Contractor: ROCKY MOUNTAIN SECURITY SERVICES (19234)

**Transaction Summary**

Account	Description	Reference	Amount
1301-40036	CONTRACTOR FEES APPLICATION	APP FEE	\$50.00

Total Due: \$50.00

**Payment Summary**

Account	Description	Reference	Amount
9801-55700	COLLECTION, VISA/Master-Card	620924	\$50.00

Total Tendered: \$50.00

Comment:

I agree to pay above total amount according to card issuer agreement.

# PIKES PEAK REGIONAL BUILDING DEPARTMENT

## Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

FIRE ALARM CONTRACTOR LICENSE REQUESTED

☒ FAC-A ☐ FAC-B

### RBD USE ONLY

Date

Initial

Receipt #

RBD #

### Business Information

Type of Entity (Check one) ☐ Individual ☐ Partnership ☒ Corporation ☐ LLC

Business Name: Rocky Mountain Security Services Inc. DBA Integrated Systems  
(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: [REDACTED]

Business Address: 2171 S. Grape St.  
Street Address Apartment/Unit #  
Denver Co. 80222  
City State ZIP Code

Business Phone: 303-698-2698 Business Email: Licensing@RMSSI.com

Business Fax: 303-474-3310 Business Website: RmSSI.com

Company's Principal Officers, Partners, or Owners

Name: Chris Heath Title: CEO

Name: Frank Lawrence Title: CTO

1. Number of years company has operated as a contractor? (If new, write "new") 40

2. Type of work performed? (Check one or both, if applicable) ☒ Residential ☒ Commercial

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

### Licenses held by the Company

Jurisdiction - License type and number	Jurisdiction - License type and number
* <u>DENVER Elect. Signl 5780</u>	<u>BOULDER - LIC-0007624-04</u>
<u>FORT COLLINS - AB-1806</u>	<u>CENTENNIAL - CEN-16-03577</u>
<u>GLENDALE - LIC-900331</u>	<u>BRIGHTON - CL-00652</u>
* <u>GREENWOOD VILLAGE - OL-11-00470</u>	<u>ENGLEWOOD - LIC-14685</u>
* <u>CITY OF LAKEWOOD - 7324</u>	* <u>WINTER PARK - 4826</u>
* <u>SHERIDAN - 080125</u>	

\* ACTIVE LICENSES - ALL OTHERS ARE IN RENEWALS.

Project History (List projects in which this company worked as the contractor.)

1. Project Street Address: 2375 E. Arizona Ave + 1164 S. Josephine S  
DENVER, CO.  
 Type of work (check one) ☐ Residential ☒ Commercial

Cost: 23,838.00 Date: 10/2015 Your position: Technical Director / PM

Describe Job in detail: The Demo + retro fit of existing fire system to a new Firelite 96MUDLS with graphic map annunciator by Space Age Electronics. This included replacing all field devices + cabling with new to meet current code for City & County of Denver.

2. Project Street Address: Winterpark - Multiple Address - 195 Timber House Dr.

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 50,670.00 Date: 1/18/2018 Your position: Technical Director / PM

Describe Job in detail: Install of Firelite fire system for employee housing

3. Project Street Address: 401 Jackson St. - DENVER - CO.

Type of work (check one) ☒ Residential ☐ Commercial

Cost: 16,000.00 Date: 7/2016 Your position: Technical Director / PM

Describe Job in detail: Installed Complete Fire System.

4. Project Street Address: HARMONY ASSISTED LIVING - 1355 AMMONS ST.

Type of work (check one) ☐ Residential ☒ Commercial

LAKENOOD, CO. 80214

Cost: 9,600 Date: 3/2016 Your position: TECHNICAL DIRECTOR / PM

Describe Job in detail: INSTALLATION/REMODEL OF A FIRELITE FIRE SYSTEM FOR AN ASSISTED LIVING FACILITY TO CITY & STATE REG.

5. Project Street Address: SCRIPPS - 6712 J. ROAD - BOULDER - CO.

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 11,700. Date: 7/2016 Your position: TECH DIRECTOR / PM

Describe Job in detail: INSTALLATION FIRELITE 9200 w/ BEAM DETECTORS, SMOKE, HEATS, PULLS, H/S IN A LARGE STORAGE BLDG.

**CERTIFICATION** (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) Chris Heath

Signature: [Signature] Date: 7-9-18

# Responsible Managing Employee (RME) Information

Legal Name: Buffington Ken L.  
Last First M.I.

Date of Birth: 11-7-64 Social Security Number: [REDACTED]

Address: 10823 Quail Ridge DR.  
Street Address

Parker Co. 80138  
City State ZIP Code

Phone: 970-471-0040 Fax: \_\_\_\_\_ Email: Kenbuff1@gmail.com

1. What is your area of expertise in the industry? Fire & Electrical Systems

2. How long have you worked in the industry? 24 years

3. What is your affiliation with the company? (Owner, partner, employee, etc.) Employee

4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

## Certifications

NICET #	NICET Level	Expires
<u>113575</u>	<u>IV</u>	<u>5/2020</u>
<small>P.E. #</small>	<small>Issued</small>	<small>Expires</small>
D.O.T. #	Issued	Expires

## Work History

Company	Position	To	From
<u>Integrated Systems</u>	<u>Technical Director</u>	<u>Present</u>	<u>6/2015</u>
<u>Apex</u>	<u>Technical Director</u>	<u>6/2015</u>	<u>12/2009</u>
<u>COMMERCIAL SPECIALIST</u>	<u>PROJ. MANAGER/TECH</u>	<u>7/2009</u>	<u>5/2005</u>

**CERTIFICATION** (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Ken Buffington

Signature of (RME): [Signature] Date: 7/9/18

## 35

July 10, 2018

Pikes Peak Regional Building Department  
2880 International Circle  
Colorado Springs, Co. 80910

To Whom It May Concern:

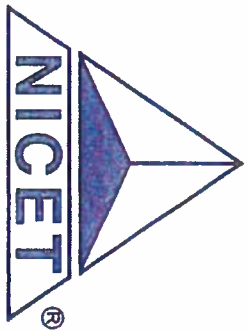
Ken Buffington is a full-time employee with Rocky Mountain Security Services, Inc. DBA Integrated Systems. He has been in our employment since June 2015.

If you have any questions or need anything further, please feel free to contact us at [licensing@rmssi.com](mailto:licensing@rmssi.com) or 303-698-2698. Thank you.

Respectfully,



Chris Heath



# **NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®**

*Providing Certification Programs Since 1961*

**BE IT KNOWN THAT**

**Kenneth L. Buflington**

**IS HEREBY AWARDED CERTIFICATION AT  
LEVEL IV**

**IN FIRE PROTECTION ENGINEERING TECHNOLOGY  
FIRE ALARM SYSTEMS**

**BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,  
EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.**

Certification Valid through May 1, 2020

CERTIFICATION NUMBER 113575

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS

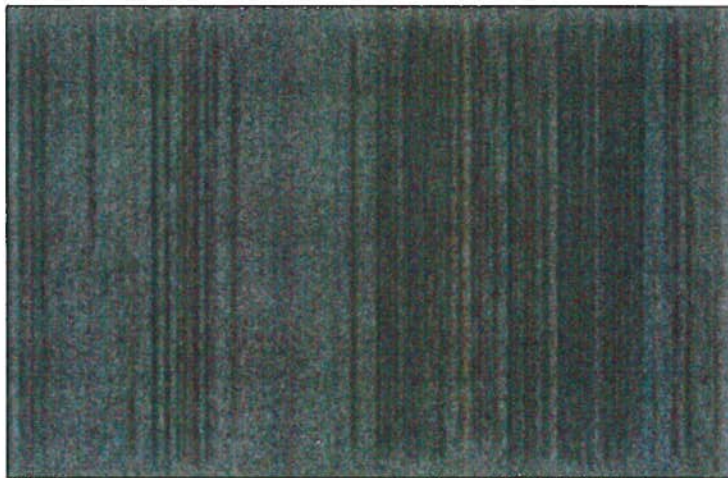


CITY AND COUNTY OF DENVER  
DENVER FIRE DEPARTMENT  
FIRE PREVENTION DIVISION

2018

KENNETH L. BUFFINGTON  
LIC. # 1007281  
FIRE ALARM SYSTEMS INSTALLER

LICENSE MUST BE KEPT VISIBLE AT ALL TIMES WHILE ON THE JOB SITE



52 7-26-2018 Sent



## FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: TECH ELECTRONICS COMPANY

PRINCIPAL: GARY SMITH

LICENSE HOLDER: WAYNE LIEN

RME: WAYNE LIEN

RECOMMEND:

☒ APPROVAL

☐ DISAPPROVAL

DATE 7/26/18

LICENSE APPLYING FOR:

FSC-A

FSC-B

FSC-C

FSC-D

FSC-H

FSC-M

FAC-A

FAC-B

FAI

FSI

FSI-L

FST-B

FST-C

FST-D

FHT

PPRBD INFORMATION	NAME	DATE
RECEIVED BY PPRBD	SABRINA	7/26/2018
CRIMINAL BACKGROUND CHECK	SABRINA	7/26/2018
SENT TO FIRE	SABRINA	7/26/2018

DEPARTMENT	NAME	DATE
<b>CSFD</b>	<b>Chip Taylor</b>	<b>7/26/18</b>
CSFD - DFM FM Lacey	Katha Snow	07/26/2018

COMMENTS:

NEW

PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: [Licensing@pprbd.org](mailto:Licensing@pprbd.org)

FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: [Fireconstructionservices@springsgov.com](mailto:Fireconstructionservices@springsgov.com)

#### **Fire Suppression Contractor – A**

- ☐ RME w/ Current NICET Level III or IV certificate in sprinkler layout/design or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

#### **Fire Suppression Contractor – B**

- ☐ Letter of commitment stating minimum equipment requirements are met for portable/fixed systems.
- ☐ D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
- ☐ Documentation showing the RME qualifications and at least 3 years applicable work experience
- ☐ Certification from at least one manufacturer of special hazard systems that the applicant markets.
- ☐ Certificate of Liability and Workers' Compensation insurance.

#### **Fire Suppression Contractor/Dealer – C**

- ☐ Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers.
- ☐ D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
- ☐ Documentation showing the RME qualifications and at least 2 years applicable work experience
- ☐ Certificate of Liability and Workers' Compensation insurance.

#### **Commercial, Industrial, or Institutional Non-Contractor/Dealer – D**

- ☐ Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers.
- ☐ Documentation showing the RME qualifications and at least 2 years applicable work experience
- ☐ Certificate of Liability and Workers' Compensation insurance.

#### **Fire Suppression Contractor – M**

- ☐ RME w/ Current and Valid Colorado State Master Plumber's license w/ minimum 3 years' experience.
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

#### **Fire Suppression Contractor – H**

- ☐ Letter of commitment stating minimum equipment requirements are met for servicing and maintaining hydrants.
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation showing the Responsible Managing Employee (RME) qualifications for service and repair of fire hydrants.

#### **Fire Alarm Contractors – A**

- ☒ RME w/ Current NICET Level III or IV certificate in Fire Alarm Systems or a Colorado Registered PE
- ☒ Certificate of Liability and Workers' Compensation insurance.
- ☒ Documentation of minimum 5 years work experience.

#### **Fire Alarm Contractors – B**

- ☐ RME w/ Current NICET Level II or higher in Fire Alarm Systems or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

• **Suppression Installer**

- ☐ Satisfactory completion of the ASCR2 exam every 3 years.
- ☐ Minimum of 2 years work experience in fire sprinklers/standpipes.

**Suppression Installer Limited**

- ☐ Satisfactory completion of the ASD2 exam every 3 years.
- ☐ Minimum of two years' work experience in single-family multipurpose fire sprinkler systems.
- ☐ State of Colorado Plumber license

**Service Technician - B**

- ☐ Satisfactory completion of the FEX and CKH2 OR KHFE2 exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate)

**Service Technician – C**

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

**Service Technician - D**

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

**Fire Hydrant Technician**

- ☐ Satisfactory completion of the CTFH2 exam every 3 years.
- ☐ Minimum 2 years' experience.

**Fire Alarm On-Site Installer**

- ☐ Current and valid NICET Level II or higher certificate OR satisfactory completion of FA2 exam every 3 years
- ☐ Documentation of minimum 2 years' experience.

# Fire Alarm Contractor License Application

**FIRE ALARM CONTRACTOR LICENSE REQUESTED (check one)**

☐ FAC-A      ☐ FAC-B

RBD USE ONLY

Date \_\_\_\_\_

Initial

Rece

RBD #

## Business Information

Type of Entity (check one)    ☐ Individual    ☐ Partnership    ☒ Corporation    ☐ LLC

Business Name: Tech Electronics Company

*(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)*

State of Colorado Business License Number:

Business Address: 4255 S. Buckley Rd.

#113

**Street Address**

Apartment/Unit #

## Aurora

CO

80013

City

State

ZIP Code

Business Phone: 720-755-3826

Business Email: [admin@techelectronics.co](mailto:admin@techelectronics.co)

Business Fax: N/A

Business Website: N/A

## Company's Principal Officers, Partners or Owners

Name: Gary Smith

Title: Owner

Name:

**Title:**

1. Number of years company has operated as a contractor? (if new, write "new") 3

2. Type of work performed? (check one or both, if applicable)

☐ Residential ☒ Commercial

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain

5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain

### Licenses held by the Company

Jurisdiction - License type and number

Jurisdiction- License type and number

Aurora, CO - 2017-1304634	
Brighton, CO -CL-12012	
Clty of Lakewood - 20762	
Golden, CO -9659	

**Project History (List projects in which this company worked as the contractor.)**

1. Project Street Address: 350 Blackhawk Street Aurora, CO 80011

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 33,810.00 Date: 06/2017 Your position: Fire Alarm Installation

Describe Job in detail: Installation of a design build fire alarm system and occupancy notification. Monitor existing fire alarm system and manual pull station. Installation of addressable key module for and alarm of temperature data.

2. Project Street Address: 13399 E. Albrook Dr. Denver, CO 80239

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 53,201.00 Date: 03/2016 Your position: Fire Alarm Installation

Describe Job in detail: Installation of new addressable fire alarm system.

3. Project Street Address: 2400 Curtis Street Denver, CO 80205

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 13,390.00 Date: 2015 Your position: Fire Alarm Installation

Describe Job in detail: Installation of new addressable fire alarm system.

4. Project Street Address: See attached letter from previous employer

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \_\_\_\_\_ Date: 2014 Your position: Fire Alarm Installation

Describe Job in detail: \_\_\_\_\_

5. Project Street Address: See attached letter from previous employer

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \_\_\_\_\_ Date: 2013 Your position: Fire Alarm Installation

Describe Job in detail: \_\_\_\_\_

**CERTIFICATION** (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) Gary Smith

Signature: Gary Smith

Date: 7/11/2018



## Responsible Managing Employee (RME) Information

Legal Name: Lien Wayne A  
Last First M.I.

Date of Birth: 04/15/1962 Social Security Number: [REDACTED]

Address: 742 Sable Blvd.  
Street Address Apartment/Unit #  
Aurora CO 80011  
City State ZIP Code

Phone: 720-755-3820 Fax: N/A Email: wayne.lien.TEC@outlook.com

1. What is your area of expertise in the industry? Fire Alarm installation
2. How long have you worked in the industry? 20+ years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) Employee
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

### Certifications

NICET #	NICET Level	Expires
100304	III	04/01/2021
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

### Work History

Company	Position	To	From
<u>Tech Electricals</u>	<u>Lead FA Tech</u>	<u>Present</u>	<u>7/2017</u>
<u>Trident</u>	<u>Trainer/FA Tech</u>	<u>7/2017</u>	<u>12/2013</u>
<u>Security Central</u>	<u>Trainer/Tech</u>	<u>11/2013</u>	<u>01/2008</u>

**CERTIFICATION** (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Wayne Lien

Signature of (RME): [Signature] Date: 7/11/18

# Licensee Information

Legal Name: Lien Wayne A  
Last First M.I.  
 Date of Birth: 04/15/1962 Social Security Number: [REDACTED]  
 Address: 742 Sable Blvd  
Street Address Apartment/Unit #  
Aurora CO 80011  
City State ZIP Code  
 Phone: 720-755-3820 Fax: N/A Email: wayne.lien.TEC@outlook.com

1. What is your area of expertise in the industry? Fire Alarm Installation  
 2. How long have you worked in the industry? 20+ years

3. What is your affiliation with the company? (Owner, partner, employee, etc.) Employee

4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

6. The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative

Certifications		
individual, perform one or more of these duties? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
NICET #	NICET Level	Expires
100304	III	04/01/2021
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

## Work History

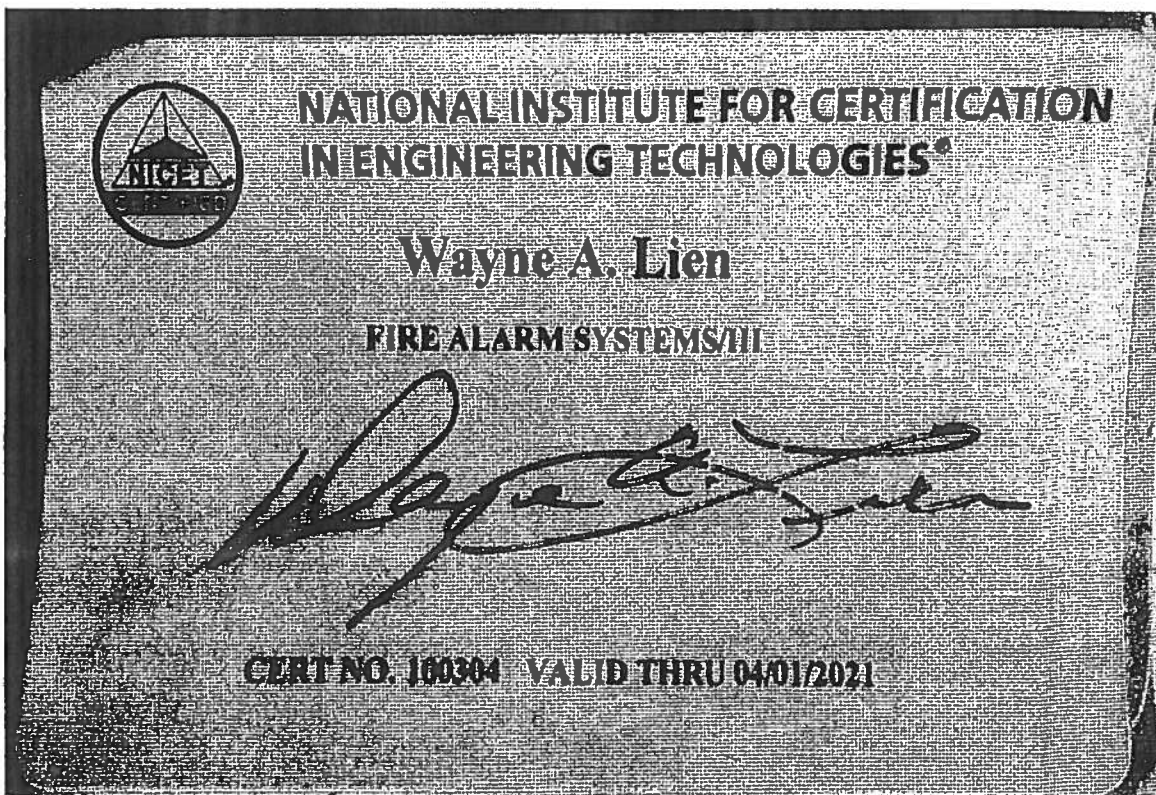
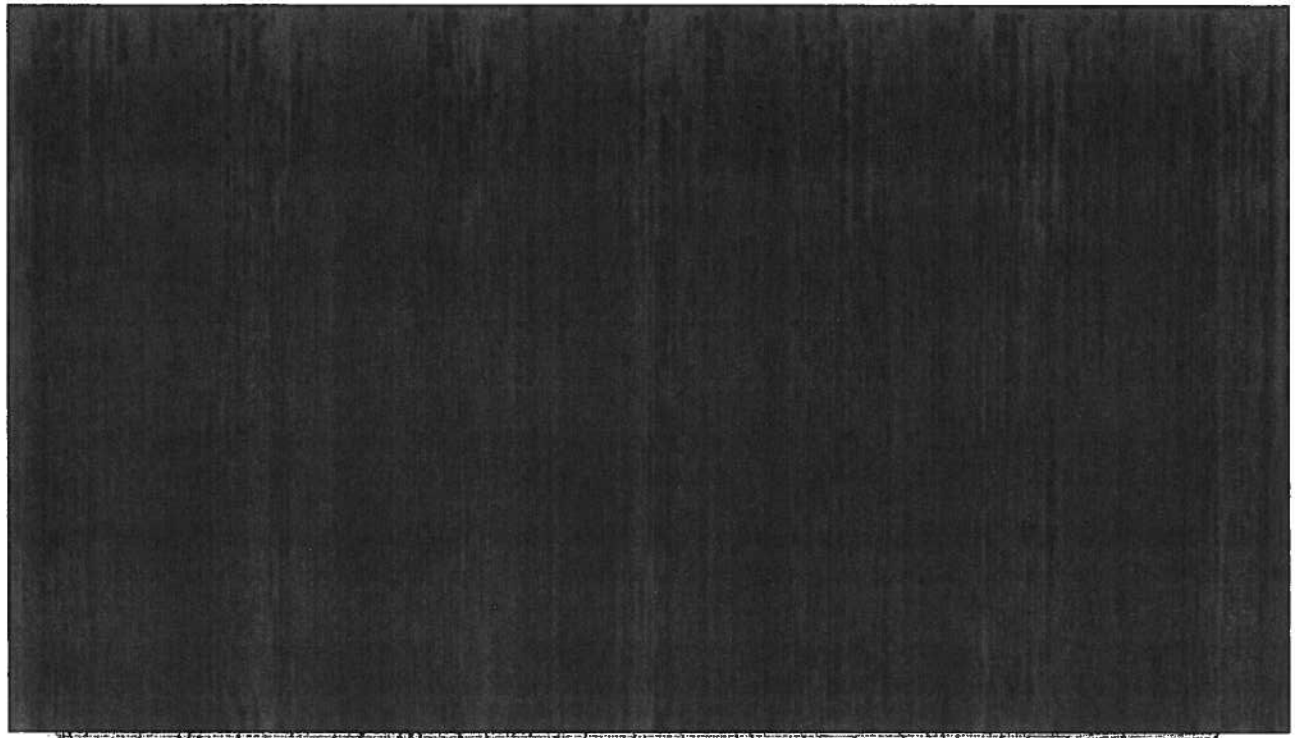
Company	Position	To	From
Tech Electronics	Lead FA Tech	Present	7/2017
Trident	Trainer/FA Tech	7/2017	12/2013
Security Central	Trainer/Tech	11/2013	01/2008

**CERTIFICATION** (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Wayne Lien

Signature of (Licensee): [Signature] Date: 7/11/18





### Pikes Peak Regional Building Department Reference Request Form

The application for license is under consideration by the Board of Review on behalf of the City of Colorado Springs, El Paso County, and participating municipalities in the jurisdiction served by Pikes Peak Regional Building Department.

As a reference listed by the applicant, your response is important in assessing this individual's qualifications for the requested contractor license and will remain strictly confidential. Information should be based on your knowledge of the applicant's work on a project, and include project type and scope, and the work position held by the applicant. References may NOT be provided for a relative or by a PPRBD employee.

Please complete and sign this form and return to Pikes Peak Regional Building Department at your earliest convenience. You can return by mail, hand delivery, fax to (719) 327-2951, or e-mail [Licensing@pprbd.org](mailto:Licensing@pprbd.org).

#### Applicant's Information

Applicant's Name: Wayne Lien License Type: D-1

Business Name: Tech Electronics Co

#### Reference of Applicant's Experience & Qualifications

Project Address: 791 Chambers  
Street Address

AURORA  
City

CO  
State

Suite#  
80011  
Zip

Permit Number: AURORA CO Type of work (Check one) ☐ Residential ☒ Commercial

If commercial, what was the "Use" (Check all that apply)

☒ Office ☐ Retail ☐ Church ☐ Restaurant ☐ School ☐ Other \_\_\_\_\_

What is your relationship to the applicant on this project? CUSTOMER

What was the applicant's position on this project? SUBCONTRACTOR / FIRE ALARM INSTALLER

What trade or work did the applicant was perform? INSTALLED ADDRESSABLE FIRE ALARM

What is your opinion of the applicant's performance on this project? NEAT CLEAN WORK - NO PROBLEMS - DONE ON TIME - DONE TO PLANS DESIGN

#### Applicant's Character

Please check the appropriate number that reflects your assessment of the applicant.

	Poor	Average	Excellent	Unknown
Financial Responsibility			X	
Ethics			X	
Administrative capabilities			X	

Do you recommend granting the requested license to this applicant and company? ☒ Yes ☐ No

Comments: \_\_\_\_\_

#### Contact Information

Name: JOSEPH A. CROSSKEY Phone: (Daytime) 720-870-1300

Address: 19766 E. OXLEY DRIVE City: AURORA State: CO Zip: 80013

Signature: [Signature] Date: 6/5/18



Tech Electronics Company  
4255 S Buckley Rd #113  
Aurora, CO 80013

## City of Lakewood

Civic Center North  
480 South Allison Parkway  
Lakewood, Colorado 80226  
303-987-7500

## Contractor Registration #: 20762

<b>Type of Registration:</b> Low Voltage	<b>Issue Date:</b> 7/31/2018	<b>Expires On:</b> 7/31/2019
---	---------------------------------	---------------------------------

MIKE SIZEMORE, BUILDING OFFICIAL

GOLDEN  
10TH ST  
EN, CO 8

BIT CAR  
BIT SA

Tech Electronics Company  
Gary Smith  
4255 S. Buckley Rd #113  
Aurora, CO 80013

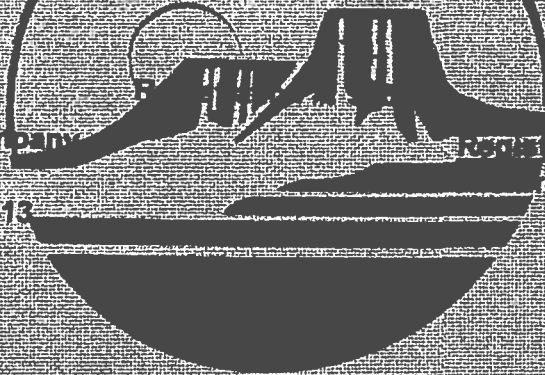


# City of Golden

## CONTRACTOR REGISTRATION

Tech Electronics Company  
Gary Smith  
4255 S. Buckley Rd #113  
Aurora, CO 80013

Registration: Expo Date:  
Protectio 8/21/2018



City of Golden  
CONTRACTOR REGISTRATION

Tech Electronics Company  
Gary Smith  
4255 S. Buckley Rd #113  
Aurora, CO 80013

Expo Date:  
8/21/2018

For information, please contact the Building Division at 303-384-8151



# Brighton<sup>SM</sup>

500 South 4th Avenue Brighton, CO 80601  
www.brightonco.gov 303.655.2017

## LICENSE

LICENSE VALID FROM July 26, 2017 THROUGH July 23, 2019

**LIC #:** CL-12012

**CONTACT:** Gary Smith

**CLASSIFICATION:** Contractor - Class D/E

**MAILING ADDRESS**

Tech Electronics Company  
4255 S. Buckley Rd #113  
Aurora, CO 80013

**BUSINESS ADDRESS**

Tech Electronics Company  
4255 S. Buckley Rd #113  
Aurora, CO 80013

OPERATING A BUSINESS WITHOUT A LICENSE IS SUBJECT TO CIVIL ACTIONS AND PENALTIES



**Public Works  
Building Division  
15151 E. Alameda Pky  
Aurora, CO 80012  
303-739-7420**

1212032

## CONTRACTOR LICENSE

**Date of Issue:** 06/06/2017

**Date of Expiration:** 07/01/2018

**License Number:** 2017 1304634 00 CL

**Contractor Name:** TECH ELECTRONICS

**Type of License:** Fire Alarm Systems Contractor

*Permits Online User*

**LICENSING OFFICIAL**

It is the licensee's responsibility to be familiar with the City of Aurora Building Codes Division **Chapter 22 Building and Building Regulations, Article III Contractors Division 22-61 through 22-102** for contractor and supervisor licensee responsibilities.

TECH ELECTRONICS  
4255S BUCKLEY RD #113  
AURORA CO 80013

### Cut along perforated line

Wallet

Duplicate



Public Works Building Division  
15151 E. Alameda Parkway  
AURORA, CO 80012  
PHONE NO. (303) 739-7420

Valid through: 07/01/2018



Public Works Building Division  
15151 E. Alameda Parkway  
AURORA, CO 80012  
PHONE NO. (303) 739-7420

Valid through: 07/01/2018

Contractor: TECH ELECTRONICS

Contractor: TECH ELECTRONICS

Type of License: Fire Alarm Systems Contractor

Type of License: Fire Alarm Systems Contractor

License #: 2017 1304634 00 CL

License #: 2017 1304634 00 CL

A signed license by license official should be  
maintained in your files.

A signed license by license official should be  
maintained in your files.

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Tech Electronics Co.

is a

Corporation

formed or registered on 03/04/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151161264 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/09/2018 that have been posted, and by documents delivered to this office electronically through 07/12/2018 @ 12:18:51 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/12/2018 @ 12:18:51 in accordance with applicable law. This certificate is assigned Confirmation Number 11002638 .



Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/12/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aspen Gold Insurance Brokers 11001 West 120th Ave, Suite 400 Broomfield CO 80021		<b>CONTACT NAME:</b> Aza Kaska <b>PHONE (A/C, No, Ext):</b> 7206007470 <b>E-MAIL ADDRESS:</b> aza@aspengoldins.com <b>FAX (A/C, No):</b>																					
<b>INSURED</b> TECH ELECTRONICS CO 4255 S Buckley Rd #113 Aurora CO 80013		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>SECURA INS A MUT CO</td><td>22543</td></tr><tr><td>INSURER B:</td><td>AmTrust</td><td></td></tr><tr><td>INSURER C:</td><td>Auto Owners</td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	SECURA INS A MUT CO	22543	INSURER B:	AmTrust		INSURER C:	Auto Owners		INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																							
INSURER E:																							
INSURER F:																							

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		CP3256056	07/21/2018	07/21/2019	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000
	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		5185660900	07/21/2018	07/21/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical Payments \$ 5000
	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$		CU3256058	07/21/2018	07/21/2019	EACH OCCURRENCE \$ 1000000 AGGREGATE \$ PER STATUTE \$ OTHER \$
	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	TWC3642034	07/21/2018	07/21/2019	E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Insurer agrees to notify the certificate holder within 10 days of policy cancellation or reduction.

**CERTIFICATE HOLDER****CANCELLATION**

Pikes Peak Regional Building Department

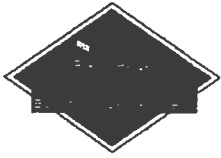
2880 International Circle  
Colorado Springs, CO 80910

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle  
Colorado Springs, Colorado 80910  
Website: <http://www.pprbd.org>

7/26/2018 8:43:47 AM  
(SABRINA)  
Receipt #: 1520931

## Invoice

Customer: TECH ELECTROICS

### Transaction Summary

Account	Description	Reference	Amount
1301-40036	CONTRACTOR FEES APPLICATION	APP FEE	\$50.00
1301-40036	CONTRACTOR FEES APPLICATION	APP FEE	\$50.00
1301-40112	CONVENIENCE FEE WESTERN UNION SPEEDPAY (TELEPHONE)	FEE	\$3.50

Total Due: \$103.50

### Payment Summary

Account	Description	Reference	Amount
9801-55700	COLLECTION, VISA/Master-Card	629143	\$103.50

Total Tendered: \$103.50

Comment: FAI / FAC-A

I agree to pay above total amount according to card issuer agreement.

Tech  
Electronics  
Company

4255 S. Buckley Rd. #113  
Aurora, CO  
80013

7/11/2018

To whom It may concern,

Wayne Lien has been an exclusive, full time employee of Tech Electronics Company since 6/20/2017. If there are any questions, please contact our Office Manager at 720-755-3826.

Thank you,



Gary Smith

Owner



## FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: JDE FIRE & SECURITY

PRINCIPAL: JOSEPH MASSA

LICENSE HOLDER: JOSEPH MASSA

RME: JOSEPH MASSA

RECOMMEND:

☒ APPROVAL ☐ DISAPPROVAL

DATE 7/9/18

LICENSE APPLYING FOR:

FSC-A

FSC-B

FSC-C

FSC-D

FSC-H

FSC-M

FAC-A

FAC-B

FAI

FSI

FSI-L

FST-B

FST-C

FST-D

FHT

PPRBD INFORMATION	NAME	DATE
RECEIVED BY PPRBD	SABRINA	7/03/2018
CRIMINAL BACKGROUND CHECK	SABRINA	7/03/2018
SENT TO FIRE	SABRINA	7/03/2018

DEPARTMENT	NAME	DATE
CSFD	Chip Taylor	7/9/18
CSFD - JFM JM Lacey	Kathie Snow	07/09/2018

COMMENTS:

~~FAC-B~~ LICENSE COMPANY ~~CHANGES NAME OLD # 21896~~. NEW  
COMPANY NAME: JDE FIRE & SECURITY

New Company

### PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: [Licensing@pprbd.org](mailto:Licensing@pprbd.org)

### FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: [Fireconstructionservices@springsgov.com](mailto:Fireconstructionservices@springsgov.com)

### **Fire Suppression Contractor – A**

- ☐ RME w/ Current NICET Level III or IV certificate in sprinkler layout/design or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

### **Fire Suppression Contractor – B**

- ☐ Letter of commitment stating minimum equipment requirements are met for portable/fixed systems.
- ☐ D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
- ☐ Documentation showing the RME qualifications and at least 3 years applicable work experience
- ☐ Certification from at least one manufacturer of special hazard systems that the applicant markets.
- ☐ Certificate of Liability and Workers' Compensation insurance.

### **Fire Suppression Contractor/Dealer – C**

- ☐ Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers.
- ☐ D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
- ☐ Documentation showing the RME qualifications and at least 2 years applicable work experience
- ☐ Certificate of Liability and Workers' Compensation insurance.

### **Commercial, Industrial, or Institutional Non-Contractor/Dealer – D**

- ☐ Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers.
- ☐ Documentation showing the RME qualifications and at least 2 years applicable work experience
- ☐ Certificate of Liability and Workers' Compensation insurance.

### **Fire Suppression Contractor – M**

- ☐ RME w/ Current and Valid Colorado State Master Plumber's license w/ minimum 3 years' experience.
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

### **Fire Suppression Contractor – H**

- ☐ Letter of commitment stating minimum equipment requirements are met for servicing and maintaining hydrants.
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation showing the Responsible Managing Employee (RME) qualifications for service and repair of fire hydrants.

### **Fire Alarm Contractors – A**

- ☐ RME w/ Current NICET Level III or IV certificate in Fire Alarm Systems or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

### **Fire Alarm Contractors – B**

- ☒ RME w/ Current NICET Level II or higher in Fire Alarm Systems or a Colorado Registered PE
- ☒ Certificate of Liability and Workers' Compensation insurance.
- ☒ Documentation of minimum 5 years work experience.

#### Suppression Installer

- ☐ Satisfactory completion of the ASCR2 exam every 3 years.
- ☐ Minimum of 2 years work experience in fire sprinklers/standpipes.

#### Suppression Installer Limited

- ☐ Satisfactory completion of the ASD2 exam every 3 years.
- ☐ Minimum of two years' work experience in single-family multipurpose fire sprinkler systems.
- ☐ State of Colorado Plumber license

#### Service Technician - B

- ☐ Satisfactory completion of the FEX and CKH2 OR KHFE2 exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate)

#### Service Technician – C

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

#### Service Technician - D

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

#### Fire Hydrant Technician

- ☐ Satisfactory completion of the CTFH2 exam every 3 years.
- ☐ Minimum 2 years' experience.

#### Fire Alarm On-Site Installer

- ☐ Current and valid NICET Level II or higher certificate OR satisfactory completion of FA2 exam every 3 years
- ☐ Documentation of minimum 2 years' experience.

## Fire Alarm Contractor License Application

*It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.*

**RBD USE ONLY**

Date 7-3-2018  
 Initial SE  
 Receipt # 1513183  
 RBD # \_\_\_\_\_

**FIRE ALARM CONTRACTOR LICENSE REQUESTED** (Check one)

☐ FAC-A      ☒ FAC-B

### Business Information

Type of Entity (Check one)    ☐ Individual    ☐ Partnership    ☐ Corporation    ☒ LLC

Business Name: JDE Fire + Security  
 (The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: [REDACTED]

Business Address: 12840 W. CEDAR DR #105  
Street Address Apartment/Unit #  
LAKEWOOD CO 80228  
City State ZIP Code

Business Phone: 720-224-5817      Business Email: OFFICE@JDEFSLLC.COM

Business Fax: \_\_\_\_\_      Business Website: WWW.JDEFIREANDSECURITY.COM

Company's Principal Officers, Partners, or Owners

Name: JOE MASSA      Title: Member

Name: RONDA MASSA      Title: Member

1. Number of years company has operated as a contractor? (If new, write "new") 10 Months

2. Type of work performed? (Check one or both, if applicable)      ☒ Residential ☒ Commercial

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor?    ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

### Licenses held by the Company

Jurisdiction - License type and number	Jurisdiction- License type and number
DENVER - SIGNAL Supervisor LIC 243529	
DENVER - ACCESS CONTROL LIC 243832	
LAKEWOOD CONTRACTOR 20652	
THORNTON CONTRACTOR ELE 201700431	

**Project History (List projects in which this company worked as the contractor.)**

1. Project Street Address: West Edge Student Housing

Type of work (check one) ☒ Residential ☐ Commercial

Cost: 600K Date: 2017 Your position: LEAD INSTALLER

Describe Job in detail: FIRE ALARM INSTALL FOR NEW STUDENT HOUSING

2. Project Street Address: ASH ST. APARTMENTS

Type of work (check one) ☒ Residential ☐ Commercial

Cost: 1.2 mil Date: 2016-17 Your position: FIRE ALARM INSTALLER

Describe Job in detail: INSTALLED FIRE ALARM IN NEW APARTMENT BUILDING

3. Project Street Address: Green Mountain Rec Center

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 50K Date: 2018 Your position: FIRE ALARM INSTALLER

Describe Job in detail: FULL DEMO & REBUILD OF FIRE ALARM SYSTEM

4. Project Street Address: \_\_\_\_\_

Type of work (check one) ☐ Residential ☐ Commercial

Cost: \_\_\_\_\_ Date: \_\_\_\_\_ Your position: \_\_\_\_\_

Describe Job in detail: \_\_\_\_\_

5. Project Street Address: \_\_\_\_\_

Type of work (check one) ☐ Residential ☐ Commercial

Cost: \_\_\_\_\_ Date: \_\_\_\_\_ Your position: \_\_\_\_\_

Describe Job in detail: \_\_\_\_\_

**CERTIFICATION** (The following declaration is to be signed by the **principal officer of the company**) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) Joseph MASSA Member

Signature:  \_\_\_\_\_ Date: 7/3/2018

# Responsible Managing Employee (RME) Information

Legal Name: MASSA Joseph   
Last First M.I.

Date of Birth: 12/06/1947 Social Security Number: [REDACTED]

Address: 2005 Lee ST  
Street Address Apartment/Unit #

LAKEWOOD CO 80215  
City State ZIP Code

Phone: 720-862-5056 Fax:  Email: Joe@JAEFS LLC.com

- What is your area of expertise in the industry? FIRE ALARM INSTALLATION
- How long have you worked in the industry? 22 years
- What is your affiliation with the company? (Owner, partner, employee, etc.) Member
- Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain
- Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain

6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☐ Yes ☒ No

## Certifications

NICET #	NICET Level	Expires
<u>137934</u>	<u>II</u>	<u>4/2020</u>
P.E. #	Issued	Expires
<u></u>	<u></u>	<u></u>
D.O.T. #	Issued	Expires
<u></u>	<u></u>	<u></u>

## Work History

Company	Position	To	From
<u>JDE Fire + Security</u>	<u>Member</u>	<u>Present</u>	<u>8-2017</u>
<u>JDE INC</u>	<u>owner</u>	<u>2017</u>	<u>2009</u>
<u></u>	<u></u>	<u></u>	<u></u>

**CERTIFICATION** (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Joseph MASSA Member

Signature of (RME): [Signature] Date: 7/3/2018



# Licensee Information

Legal Name: MASSA Joseph   
Last First M.I.

Date of Birth: 12/04/1967 Social Security Number: [REDACTED]

Address: 2005 LEE ST  
Street Address Apartment/Unit #

LAKEWOOD CO 80215  
City State ZIP Code

Phone: 720-862-5054 Fax:  Email: Joe@S&SDFS LLC.com

1. What is your area of expertise in the industry? FIRE ALARM INSTALLATION

2. How long have you worked in the industry? 22 YEARS

3. What is your affiliation with the company? (Owner, partner, employee, etc.) Member

4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain

5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain

6. The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☐ Yes ☐ No

## Certifications

NICET #	NICET Level	Expires
<u>137934</u>	<u>II</u>	<u>4/2026</u>
P.E. #	Issued	Expires
<u></u>	<u></u>	<u></u>
D.O.T. #	Issued	Expires
<u></u>	<u></u>	<u></u>

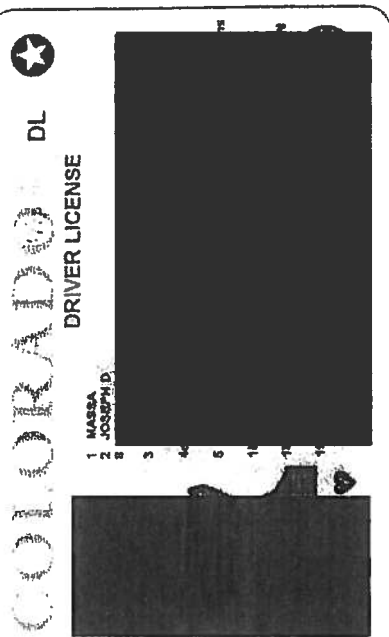
## Work History

Company	Position	To	From
<u>J De Fire &amp; Security</u>	<u>Member</u>	<u>Present</u>	<u>8/2017</u>
<u>J De Inc</u>	<u>Owner</u>	<u>8/2017</u>	<u>5/2009</u>
<u></u>	<u></u>	<u></u>	<u></u>

**CERTIFICATION** (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Joseph MASSA Member

Signature of (Licensee): [Signature] Date: 7/3/2018





NATIONAL INSTITUTE FOR CERTIFICATION  
IN ENGINEERING TECHNOLOGIES®

**Joe Massa**

**FIRE ALARM SYSTEMS**

**CERT NO. 137934 VALID THRU 04/01/2020**

~~Name Change~~ New Company  
**PIKES PEAK REGIONAL BUILDING DEPARTMENT**  
**Contractor -- JDE INC ( 21896 )**

**Status: ACTIVE**

**Type of Business: Corporation**

**In Business Since: 05-May-2016**

5835 W 6TH AVE 4-A  
 LAKEWOOD, CO 80214

Phone: (720) 224-5817

Fax:

Officer #1: MASSA, JOSEPH- CEO

**LICENSES**

Last Name	First Name	D	T	Cat	Subcat	Phone	Expires	Renewed
LYONS	RICHARD	E	A			(720) 341-3080	05/31/2018	05/05/2017
MASSA	JOE	F	B			(720) 224-5817	07/31/2018	07/05/2017

**OBLIGATIONS**

T	Agency	Reference #	Expires
C - Certification	STATE OF COLORADO	ME 600131	09/30/2020
C - Certification	STATE OF COLORADO	EC0100593	09/30/2017
L - Liability	WESTERN PACIFIC INSURANCE	MP0005003001885	02/07/2018
N - Nicet	NICET FIRE ALARM II	137934 MASSA	04/01/2020
W - Workers Comp.	PINNACOL	JDWC830240	02/08/2018

**ASSOCIATES**

Associate	Permits
ASOVEDO, MARK - PROJ. MGR	0
CORRY, COLE - PROJECT MANAGER	0
SHELEFOATUK, ED - ESTIMATOR	0

Q = Open  
 Q = Admin  
 Q = Locked  
 Q = VOID



July 3, 2018

I, Joe Massa, sold my former company JDE Inc (license # 21896) in August of 2017 and started a new company, JDE Fire & Security. I am requesting that the name be changed on the license to JDE Fire & Security.

We have no unresolved permits under either company name.

I am the examinee and the principal of the company.

A handwritten signature in black ink, appearing to read "Joe Massa", is written over the printed name.

Joe Massa

JDE Fire & Security

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

JDE Fire & Security

is a

Limited Liability Company

formed or registered on 07/19/2017 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20171541081 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/02/2018 that have been posted, and by documents delivered to this office electronically through 07/03/2018 @ 08:51:49 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/03/2018 @ 08:51:49 in accordance with applicable law. This certificate is assigned Confirmation Number 10987468 .



Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/3/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Janson Insurance Agency, Inc The Ahbe Group 5994 S Prince St Ste 101 Littleton CO 80120	<b>CONTACT NAME:</b> George Janson <b>PHONE (A/C, No, Ext):</b> (303) 730-2220 <b>FAX (A/C, No):</b> (303) 996-1437 <b>E-MAIL ADDRESS:</b> george@jansoninsurance.com														
<b>INSURED</b> JDE Fire & Security, LLC 12860 W Cedar Dr Unit 105 Lakewood CO 80228	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A Auto Owners</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A Auto Owners		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

## COVERAGES

CERTIFICATE NUMBER: CL1791472563

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			74402530	9/1/2017	9/1/2018	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COM/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COM/OP AGG	\$ 2,000,000		\$
EACH OCCURRENCE	\$ 1,000,000																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000																				
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GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS - COM/OP AGG	\$ 2,000,000																				
	\$																				
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			51402530-00	9/1/2017	9/1/2018	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			51402582-00	9/1/2017	9/1/2018	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 5,000,000	AGGREGATE	\$ 5,000,000		\$								
EACH OCCURRENCE	\$ 5,000,000																				
AGGREGATE	\$ 5,000,000																				
	\$																				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	74155323	9/1/2017	9/1/2018	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER</td><td></td></tr><tr><td>E L EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E L DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E L DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER		E L EACH ACCIDENT	\$ 1,000,000	E L DISEASE - EA EMPLOYEE	\$ 1,000,000	E L DISEASE - POLICY LIMIT	\$ 1,000,000						
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E L EACH ACCIDENT	\$ 1,000,000																				
E L DISEASE - EA EMPLOYEE	\$ 1,000,000																				
E L DISEASE - POLICY LIMIT	\$ 1,000,000																				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is additional insured for general liability as pertains to the operations of the insured.. A waiver of subrogation applies for the general liability.

## CERTIFICATE HOLDER

City of Colorado Springs 101 West Costilla Colorado Springs, CO 80903	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  G Janson Janson Insur
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# PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle  
Colorado Springs, Colorado 80910  
Website: <http://www.pprbd.org>

7/3/2018 11:15:45 AM  
(SABRINA)  
Receipt #: 1513183

## Invoice

Contractor: JDE INC (21896)

Transaction Summary				
Account	Description		Reference	Amount
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00

Total Due: \$100.00

Payment Summary				
Account	Description		Reference	Amount
9801-55200	COLLECTION, CHECK		1928	\$50.00
9801-55200	COLLECTION, CHECK		1929	\$50.00

Total Tendered: \$100.00

Comment :